

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999					Application or Docket Number
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE <input type="checkbox"/> OTHER THAN OR SMALL ENTITY
FOR		NUMBER FILED	NUMBER EXTRA		RATE <input type="checkbox"/> FEES <input type="checkbox"/> 345.00 OR <input type="checkbox"/> 690.00
BASIC FEE					
TOTAL CLAIMS		7 minus 20 = * <i>2</i>			X\$ 9= <input type="checkbox"/> X39= <input type="checkbox"/> +130= <input type="checkbox"/> TOTAL <input type="checkbox"/> <i>690</i>
INDEPENDENT CLAIMS		3 minus 3 = * <i>0</i>			X\$ 18= <input type="checkbox"/> X78= <input type="checkbox"/> +260= <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT					
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY
AMENDMENT A	J	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL <input type="checkbox"/> FEES <input type="checkbox"/> X\$ 9= <input type="checkbox"/> X39= <input type="checkbox"/> +130= <input type="checkbox"/> TOTAL <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> FEES
	Total	* 11	Minus	**	= <i>0</i>
	Independent	* 2	Minus	***	= <i>0</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
BEST AVAILABLE COPY					
AMENDMENT B	J	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL <input type="checkbox"/> FEES <input type="checkbox"/> X\$ 9= <input type="checkbox"/> X39= <input type="checkbox"/> +130= <input type="checkbox"/> TOTAL <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> FEES
	Total	* 11	Minus	**	=
	Independent	* 2	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
AMENDMENT C	J	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL <input type="checkbox"/> FEES <input type="checkbox"/> X\$ 9= <input type="checkbox"/> X39= <input type="checkbox"/> +130= <input type="checkbox"/> TOTAL <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> FEES
	Total	* 11	Minus	**	=
	Independent	* 2	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					